

IN THE SUPERIOR COURT OF WASHINGTON  
FOR THE COUNTY OF KING

In the Guardianship of: \_\_\_\_\_ ) Case No.:  
\_\_\_\_\_) )  
\_\_\_\_\_) ) DECLARATION OF COMPLETION  
\_\_\_\_\_) ) OF GUARDIANSHIP OF MINOR  
\_\_\_\_\_) ) RCW 11.88.140(2)  
\_\_\_\_\_) ) (DCLCMP)

**DECLARATION**

- 1. Legal Age.** The minor named attained age eighteen years of age on \_\_\_\_\_.
- 2. Payment of Funds.** The Guardian has paid or transferred all of the minor's assets in the Guardian's possession to the former minor, who has signed a receipt for all such accounts, funds, and assets. The receipt has been or will be filed with the Court not later than the date this Declaration is filed.
- 3. Completion.** The Guardian has completed the administration of the estate, and the Guardianship is ready to be closed.
- 4. Fees.** The total amounts of fees paid to the Guardian, attorneys, and accountant are:

	Amount	Source of Payment*
Guardian:	\$	
Attorneys:	\$	
Accountant:	\$	

**5. Notice of Filing.** The original of this Declaration of Completion is being filed with the Court on \_\_\_\_\_ [date].

**6. Finality.** The Guardian believes that the fees paid are reasonable and does not intend to obtain Court approval of the amount of the fees or to submit a Guardianship estate accounting to the Court for approval.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT \_\_\_\_\_, WASHINGTON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
Signature of Guardian/Attorney

\_\_\_\_\_  
Printed Name of Guardian/Attorney, WSBA/CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

### CERTIFICATE OF MAILING

I am eighteen (18) years of age or older. I am neither a party to nor interested in the above-entitled matter. I am competent to act as a witness herein.

On \_\_\_\_\_ [date], I deposited in the United States Mail, first-class, postage pre-paid, true and correct copies of this document to each of the individuals at the addresses listed on **Exhibit A** attached to this declaration.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT \_\_\_\_\_, WASHINGTON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
Signature of Declarant  
(NOT the Guardian)

\_\_\_\_\_  
Printed Name of Declarant  
(NOT the Guardian)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address